

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/609422</div>	Filing Date.					
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep													
Total Depend													
Total Claims													

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10/609422

Filing Date.

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